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ILLINOIS VETERANS HOME - ANNA	792 NORTH MAIN ANNA, IL 62906

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S 000	Initial Comments Annual Licensure Survey STATEMENT OF LICENSURE VIOLATIONS:	S 000		
S9999	Final Observations Section 340.1320 Disaster Preparedness a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility. b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow. The plan shall include, but not be limited to, the following: 1) Proper instruction in the use of fire extinguishers for all personnel employed on the premises; 2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel employed on the premises; 3) A written plan for moving residents to safe locations within the facility in the event of tornado warning or severe thunderstorm warning; and 4) An established means of facility notification when the National Weather Service issues a tornado or severe thunderstorm warning	S9999		

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that covers the area in which the facility is located. The notification mechanism shall be other than commercial radio or television. Approved notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the facility, or arrangements with local public safety agencies (police, fire, emergency management agency) to be notified if a warning is issued.

c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:

1) Ensure that all personnel on all shifts are trained to perform assigned tasks;

2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and

3) Evaluate the effectiveness of disaster plans and procedures.

d) Fire drills shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift.

e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired.

f) If the welfare of the residents precludes an actual evacuation of an entire building, the facility shall conduct drills involving the evacuation of successive portions of the building under conditions that assure the capability of evacuating

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the entire building with the personnel usually available, should the need arise.

g) A written evaluation of each drill shall be submitted to the facility administrator and shall be maintained for one year.

h) A written plan shall be developed for temporarily relocating the residents for any disaster requiring relocation and at any time that the temperature in residents' bedrooms falls below 55° F. for 12 hours or more.

i) Reporting of Disasters

1) Upon the occurrence of any disaster requiring hospital service, police, fire department or coroner, the facility administrator or designee shall provide a preliminary report to the Department either by using the nursing home hotline or by directly contacting the appropriate Department Regional Office during business hours. This preliminary report shall include, at a minimum:

A) The name and location of the facility;

B) The type of disaster;

C) The number of injuries or deaths to residents;

D) The number of beds not usable due to the occurrence;

E) An estimate of the extent of damages to the facility;

F) The type of assistance needed, if any; and

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S9999	Continued From page 3 G) A list of other State or local agencies notified about the problem. 2) If the disaster will not require direct Departmental assistance, the facility shall provide a preliminary report within 24 hours after the occurrence. Additionally, the facility shall submit a full written account to the Department within seven days after the occurrence, which includes the information specified in subsection (i)(1) of this Section and a statement of actions taken by the facility after the preliminary report. j) Each facility shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare and comfort of all residents when the heat index/apparent temperature (see Section 340.Table A), as established by the National Oceanic and Atmospheric Administration, inside the facility exceeds 80° F. k) Coordination with Local Authorities 1) Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction. 2) Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 340.2010(a)(5), to the local health authority and local emergency management agency having jurisdiction. 3) Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to	S9999		

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the local health authority and local emergency management agency having jurisdiction. The facility shall inform the local health authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed.

4) When requested by the local health authority and the local emergency management agency, the facility shall participate in emergency planning activities.

(Source: Amended at 37 Ill. Reg. 2330, effective February 4, 2013)

The requirement is not met:

Based on record review and interview, the facility failed to forward copies of their disaster plan, their emergency water supply agreement, and a description of their emergency source of electrical power to local health authorities and Emergency Management Services, and failed to conduct six yearly drills other than fire drills as per facility policy. This failure has the potential to affect all 49 residents living at the facility.

Findings include:

A Maintenance Reports Manual binder showed Fire Drill Evaluation forms indicating that the facility conducted fire drills on 07/14/16, 09/01/16, 09/11/16, 09/19/16, 10/30/16, 11/18/16, 12/27/16, 0//20/17, 02/07/17, 02/16/17, and 03/29/17. On 04/06/17 at 3:50pm, the facility provided a Door Alarm/Drill Elopement form dated 04/05/17 and a State of Illinois Proclamation form indicating the facility participated in an earthquake

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preparedness drill on 10/11/16.

An Emergency Response and Evacuation Policy and Procedure dated 06/12/14 stated, "Annually, the facility shall forward copies of all disaster policies and plans, ...emergency water supply agreements ...(and) a description of its emergency source of electrical power ...to the local health authority and local emergency management agency having jurisdiction ...", and, "Each year, there will be six "other" drills to train for disasters other than fire."

On 04/07/17 at 9:30am E1, Administrator, confirmed no drills had been performed other than those documented. E1 stated she thought that the disaster policy, emergency water supply agreement, and emergency electrical power source description had been forwarded to Emergency Management Systems and the local health authority but could provide no documentation to prove that it had been.

A Resident Census and Condition form dated 04/04/17 showed 49 residents living at the facility.

(B)

Section 340.1505 b)4)e)) Medical, Nursing and Restorative Services

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care shall be provided to each resident to meet the total nursing care needs of the resident.

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S9999	Continued From page 6 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. e) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. This Requirement was not met: Based on observation, interview and record review, the facility failed to ensure that a resident with an indwelling urinary catheter had their catheter properly positioned and secured at all times to prevent the development of a pressure ulcer for 1 of 2 residents (R3) reviewed for urinary catheters and pressure ulcers in the sample of 5. The findings include:	S9999		

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R3 is a 90 year old male resident with diagnoses that include Dementia, Obstructive Uropathy, and Chronic Kidney Disease as noted in the March and April 2017 Progress Notes Diagnoses list. R3 was observed in bed at 1:40 pm on 4-4-2017 and was noted to have an indwelling urinary catheter. E4, Registered Nurse, Wound Nurse, was present and was observed providing a treatment to an open area noted on R3's penis. E4 stated that the area had occurred because "the catheter laid up on the penis and caused a pressure ulcer." A treatment dressing using gauze wrapping was noted around the head of the penis and also wrapped around the catheter tubing, which E4 was observed to remove. A Stage II pressure ulcer was observed on the head of R3's penis. There was not a catheter anchoring device in use. E5, Certified Nurse Aide,who was also present stated, when asked about the lack of an anchoring device, that they didn't use one "because he keeps his legs clenched together tight, even when up in a chair."

A Nursing Progress Note dated 12-1-17 notes that R3 was sent to the hospital emergency room due to R3's abdomen being distended, a catheter was inserted and R3 was admitted. R3 returned to the facility on 12-8-17 with an indwelling urinary catheter, diagnoses of Urinary Retention and Bladder Outlet Obstruction and orders for continued use and care of the catheter.

R3's Care Plan with most recent review date of 3-20-17 includes a problem area of risk of skin compromise. This problem area was noted to have been present at the time of the 11-28-16 review. The Care Plan also indicates that R3 is dependent on staff for all activities of daily living. A pressure ulcer assessment dated 12-31-2016 notes that R3 is high risk for skin breakdown. A

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1-24-17 date is noted on the current Care Plan and documents pressure ulcer to penis related to catheter use and includes an approach of "Secure tubing with leg strap". Also noted was a date of 12-21-16 which documented this same approach.

. On 4-6-17 at 11:15 am, E4 again stated that the open areas on the penis were a result of pressure from the catheter. E4 stated that when R3 returned from the hospital with the catheter, the catheter anchoring device was in use at all times and that after finding the pressure area on 1-24-17 it was felt that the use of it while R3 was in bed was a contributing factor to the development of the pressure area on the penis. E4 stated that they continued to use the anchoring device when R3 was up in his chair but discontinued its use in bed, positioning the catheter tubing by placing the tubing thru R3's legs towards R3's back side. E4 verified that the current care plan had not been updated with the new approach. On 4-6-17 at 11:30 am R3 was in the dining room up in his specialized wheel chair and E6, Certified Nurse Aide, verified that R3 had his catheter anchoring device in place and also stated that the device is not used when R3 is in bed.

A Nursing Progress Note by E4, dated 1/24/2017 at 13:11:34 (military time) documented a 3.5 cm (centimeter) x 0.8 cm area to the right side of R3's penis "starting at the head in a linear fashion upwards. Area is moist and covered with dark gray tissue 80% and 20% around edges is pink." Treatment orders were obtained from Z1, R3's Physician. A 1-31-2017 08:15 (military time) "Communication - with Physician" note stated "member has ulcers on his penis that appear to

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be associated with catheter." Orders to change the size of R3's catheter from 18/5cc to 16/5cc were obtained from Z1.

Nursing Progress Notes dated 2-6-17 document "open areas and drainage from penis" and an order to culture. R3 was prescribed an antibiotic on 2-11-17 for treatment of a Staphylococcus infection of the wound on the penis. As of 4-6-17 R3 continues to receive a treatment to the pressure ulcer of the penis, as noted on the April 2017 Physician orders.

A 2-27-17 Physician Progress Note by Z1- R3's Medical Doctor notes that R3's penile ulcer "is improved." On 4-6-17 at 1:45 pm, Z1-Medical Doctor verified that R3 was treated for a pressure area on his penis, stating "it was obviously related to the catheter, but I can't say that it was definitely caused by a positioning issue. Z1 stated that R3 has Advanced Dementia, is total care and per R3's family's wishes is on comfort care.

(Source: Amended at 35 Ill. Reg. 11896, effective June 29, 2011)

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